

Group Overview and Top Three Priorities
Official 2005 White House Conference on Aging Forum
Hosted by the North Carolina Governor's Advisory Council on Aging
Holiday Inn Brownstone Hotel, Raleigh
May 18, 2005, 9 am – 2 pm

Please complete the following summary page and the sheet identifying the group's overall top three priorities. You may send any supporting documentation. ***Return this information to Julie Bell, NC Division of Aging and Adult Services, 2101 Mail Service Center, Raleigh, NC 27699-2101 or to Julie.Bell@ncmail.net by April 15, 2005.***

Name of the Organization:	Cape Fear Area Agency on Aging Lumber River Area Agency on Aging Mid-Carolina Area Agency on Aging
Contact Information:	Jane Jones, (910) 395-4553 ext. 209 Margaret Kelly (910) 618-5533 Carolyn Tracy, (910) 323-4191 ext. 26
Date(s) of group session(s) being reported on:	April 21, 2005
Total number in attendance:	90
Number attending the group session(s) from each of the following categories (please check all that may apply):	Consumers: <input type="checkbox"/> x_____ Family Caregivers: <input type="checkbox"/> x_____ Providers: <input type="checkbox"/> x_____ Professional Associations: <input type="checkbox"/> x_____ Trade Associations: _____ Advocates: <input type="checkbox"/> x_____ Government: <input type="checkbox"/> x_____ LTC Facilities: <input type="checkbox"/> x_____ Academia: <input type="checkbox"/> x_____ Media: <input type="checkbox"/> x_____ Baby Boomers: <input type="checkbox"/> x_____ Other: _____
Any additional information of importance:	

**If you have any questions, please contact Julie Bell or Mary Bethel at the
Division of Aging and Adult Services, (919) 733-0440.
Top Three Priorities for Future National Aging Policy**

Please list below your group's top three policy priorities and present other specifics (e.g., implementation strategies, ideas for financing) that would help identify realistic solutions to the problem or issue associated with each priority.

Policy Issue #1: Strengthen protections against financial fraud, abuse and exploitation.

Importance of Issue/Why chosen:

- personal experience
- exploitation is more expensive in the long run
- problems associated with older people managing their funds
- media and agencies have seen this issue
- chosen due to the large amount of fraud and abuse. It's important because of the seriousness of the subject and costs the general public.
- increase in the number of elderly being targeted
- telemarketing, home repair, financial, electronic scams

Possible barriers to change:

- lobbyists for companies who finance telemarketing/payday lending, etc.
- lack of communication between agencies and senior consumers
- people's pride
- embarrassment
- not enough enforcement, prosecution
- isolation
- lack of information
- undue influence
- mental/physical capacity
- funding
- co-operation of law enforcement officials across state lines
- privacy act extends to perpetrators, law enforcement doesn't get involved until a crime has been committed

Proposed Solutions/Implementation Strategies:

- encourage reporting
- encourage newspapers to have a "fraud alert" column
- make convictions/sentences tougher
- strengthen enforcement/laws
- make national database of schemes in area
- hotline to call to get pictures of known perpetrators
- faith based support
- community education/outreach/advocacy/awareness
- beware of "friendly voice"
- if it sounds too good to be true...it probably is
- strengthen laws against telemarketers
- increase number of fraud task forces on exploitation
- increase information (brochures) in community centers, senior centers, church civic groups, fire departments, police departments, media, civic groups, faith based groups, telephone number to call
- support groups/advocacy groups

Policy Issue #2: Assure adequate protections and exercise of rights for residents of long-term care facilities.

Importance of Issue/Why chosen:

- the situation is one “ripe” for abuse, nursing facilities become stagnant
- most vulnerable population and fast growing population
- organizations created to advocate for long-term care
- turnover of staff
- lack of employees
- lobbying groups or owners of long-term care facilities receive much elected official attention and the focus is not on the residents
- had experience with observations in long term care facilities, never find out all of what goes on in facilities
- profit making business where violations are prevalent at the expense of making cuts to residents to increase profits
- more profitable sometimes to pay a fine than investigate and implement changes\
- mixed populations with elderly residents
- for residents who have no family, representative or regular visits need some additional assistance
- “I will be one of those residents”

Possible barriers to change:

- money seems to be the drive instead of care
- residents do not feel they have rights
- residents need to be empowered and educated about rights
- untrained staff
- physical and mental barriers
- least restrictive environment
- no enforcement of citations for violations
- enforcement and manpower for inspections is scarce
- put real teeth into DFS corrective action
- funds exist with lobbying groups to support owners/operators – not residents
- people not caring enough
- power struggles
- more funding – less care
- increased costs and documentation is difficult

Proposed Solutions/Implementation Strategies:

- community involvement and advocacy
- volunteerism
- education (early before need for long-term care)
- contact senators
- better laws
- advocacy groups
- increase direct care workers’ training, salaries, competition
- decrease patient to staff ratio
- increase adult care home specialists
- increase the number of DFS surveyors and the number of visits
- after two citations, state should have a mandatory investigation to discourage the closing of one home and opening of another

Policy Issue #2, Proposed Solutions/Implementation Strategies – continued

- direct care/owners/administrators database to track those who are good and those who violate
- support Ombudsman Program
- support Adult Home Specialists
- good use of tax dollars
- improved social support/stimulation
- council of residents and caregivers
- information to reach supportive services (ombudsman, DFS, AHS)
- trained providers
- focus on resident
- regular awareness of residents rights for residents & family provided by facility
- make sure long-term care staff is adequately trained...new employees especially

Policy Issue #3: Assure adequate health care for Veterans.

Importance of Issue/Why chosen:

- incentive to serve
- issue in the media today
- current war situation
- veterans have served us and our country; we should take care of them
- did not get adequate care
- known people who were physically disabled who only got partial disability
- awareness of available services and resources
- respect for veterans
- population of military retirees in this area who are seeing their benefits erode

Possible barriers to change:

- Congress with very few veterans to be a strong voice to veterans
- forgotten promise to veterans
- increased demand for services in increasing costs...costs then become the focus rather than people
- Veterans from Vietnam are beginning to tax system
- distance to veterans' services
- integration of services
- Co-op in community for VA service
- do not know where to find right person to get service
- Website has been inconsistent with what Veteran Affairs people tell families
- President and administration
- program requirements
- large population of veterans coming soon
- "the way it has already been done"

Proposed Solutions/Implementation Strategies:

- advocacy
- impress upon the legislators the importance of this issue
- support and keep in office those who support the veterans
- laws
- education
- support groups
- review/revise veterans' services
- increase funding
- increase accessibility
- increase quality of care, staffing and delivery of service
- improve Tricare to include hearing and improved prescription services
- increase visibility of VA representatives
- increase awareness of services that veterans may be eligible for such as nutrition sites, senior centers, DSS
- debrief soldiers better for delayed medical conditions
- increase number of VA hospitals
- increase counseling services
- increase staff for home outreach

The completed form—**Top Three Priorities**—should be submitted by **April 15th** to Julie Bell at the Division: 2101 Mail Service Center, Raleigh, NC 27699-2101; fax: 919-733-0443; email: Julie.Bell@ncmail.net. If you have questions about this, contact her by email or phone: 919-733-8400.